

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS



Name of Candidate Georgia Upshaw
Address 747 Rome Dr, Diamondhead MS 39525 County Hancock
Telephone (Work) 228-867-6005 (Home) 228-255-6619 (Fax) 228-255-6619
Contact Name Charlotte Feola Email Address N56027@aol.com
Office Sought House of Representative, Dist 95 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008)..... Mandatory
☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008)..... Runoff Candidates
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008)..... Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | (itemized + non-itemized) | Total This Period | Calendar year-to-date |
|----------------------------------|---------------------------|-------------------|-----------------------|
| Total amount of contributions \$ | 4173.79 + \$ 100.00 | \$ 4273.79 | \$ 4273.79 |
| Total amount of disbursements \$ | 1823.79 + \$ 1986.85 | \$ 3810.64 | \$ 3810.64 |
| Total amount of cash on hand | | \$ 36,634.56 | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Jessica Upshaw Campaign CommitteeReporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|----------------------------------|--|
| Full name <u>First Southern Services, Inc.</u> | <u>2/13/08</u> | \$ <u>250.00</u> |
| Mailing Address <u>P.O. Box 1727</u> | <u> </u> <u> </u> <u> </u> | \$ |
| City, State, Zip Code <u>Pelham AL 35124</u> | <u> </u> <u> </u> <u> </u> | \$ |
| Name of Employer (Required) _____ | <u> </u> <u> </u> <u> </u> | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>250.00</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>MS Consumer Finance Assn.</u> | <u>7/17/08</u> | \$ <u>823.79</u> |
| Mailing Address <u>3 Lakeland Circle, Suite 201</u> | <u> </u> <u> </u> <u> </u> | \$ |
| City, State, Zip Code <u>Jackson MS 39216</u> | <u> </u> <u> </u> <u> </u> | \$ |
| Name of Employer (Required) _____ | <u> </u> <u> </u> <u> </u> | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>823.79</u> |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>United Health Care Services, Inc.</u> | <u>7/23/08</u> | \$ <u>250.00</u> |
| Mailing Address <u>P.O. Box 1459</u> | <u> </u> <u> </u> <u> </u> | \$ |
| City, State, Zip Code <u>Minneapolis MN 55440-1459</u> | <u> </u> <u> </u> <u> </u> | \$ |
| Name of Employer (Required) _____ | <u> </u> <u> </u> <u> </u> | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>250.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Bayer Health Care LLC</u> | <u>7/28/08</u> | \$ <u>300.00</u> |
| Mailing Address <u>444 Pembroke Dr.</u> | <u> </u> <u> </u> <u> </u> | \$ |
| City, State, Zip Code <u>Madison MS 39110</u> | <u> </u> <u> </u> <u> </u> | \$ |
| Name of Employer (Required) _____ | <u> </u> <u> </u> <u> </u> | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>300.00</u> |

Name of Candidate or Committee Jessica Upshaw Campaign CommitteeReporting period Jan 1, 2008 through Dec 31, 2008

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|----------------------------------|--|
| Full name <u>Merck & Co, Inc</u> | <u>7/28/08</u> | \$ <u>250.00</u> |
| Mailing Address <u>P.O. Box 4</u> | <u> </u> <u> </u> <u> </u> | \$ |
| City, State, Zip Code <u>West Point, PA 19486-0004</u> | <u> </u> <u> </u> <u> </u> | \$ |
| Name of Employer (Required) <u> </u> | <u> </u> <u> </u> <u> </u> | \$ |
| Occupation (Required) <u> </u> | Aggregate year-to-date | \$ <u>250.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Cheriton</u> | <u>9/15/08</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 1300</u> | <u> </u> <u> </u> <u> </u> | \$ |
| City, State, Zip Code <u>Pascagoula MS 39568</u> | <u> </u> <u> </u> <u> </u> | \$ |
| Name of Employer (Required) <u> </u> | <u> </u> <u> </u> <u> </u> | \$ |
| Occupation (Required) <u> </u> | Aggregate year-to-date | \$ <u>500.00</u> |
| C. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>MAE - PAC</u> | <u>9/15/08</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 39</u> | <u> </u> <u> </u> <u> </u> | \$ |
| City, State, Zip Code <u>Olive Branch MS 38654</u> | <u> </u> <u> </u> <u> </u> | \$ |
| Name of Employer (Required) <u> </u> | <u> </u> <u> </u> <u> </u> | \$ |
| Occupation (Required) <u> </u> | Aggregate year-to-date | \$ <u>500.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>MS Dental PAC</u> | <u>9/15/08</u> | \$ <u>300.00</u> |
| Mailing Address <u>2630 Ridgewood Rd Ste C</u> | <u> </u> <u> </u> <u> </u> | \$ |
| City, State, Zip Code <u>Jackson MS 39216-4920</u> | <u> </u> <u> </u> <u> </u> | \$ |
| Name of Employer (Required) <u> </u> | <u> </u> <u> </u> <u> </u> | \$ |
| Occupation (Required) <u> </u> | Aggregate year-to-date | \$ <u>300.00</u> |

Name of Candidate or Committee Jessica Upshaw Campaign CommitteeReporting period Jan 1, 2008 through Dec 31, 2008

ITEMIZED RECEIPTS

| | | | |
|--|--|---------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>AT&T PAC</u> | | <u>11/7/08</u> | \$ <u>250.00</u> |
| Mailing Address <u>175 East Capitol St. Suite 702</u> | | <u>—/—/—</u> | \$ |
| City, State, Zip Code <u>Jackson MS 39201-2135</u> | | <u>—/—/—</u> | \$ |
| Name of Employer (Required) | | <u>—/—/—</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>250.00</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>MS Assem. for Home Care</u> | | <u>12/08/08</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 24087</u> | | <u>—/—/—</u> | \$ |
| City, State, Zip Code <u>Jackson MS 39225</u> | | <u>—/—/—</u> | \$ |
| Name of Employer (Required) | | <u>—/—/—</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>500.00</u> |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Community Financial Assem. of America</u> | | <u>12/19/08</u> | \$ <u>250.00</u> |
| Mailing Address <u>201 Keith St. SW, Suite 80</u> | | <u>—/—/—</u> | \$ |
| City, State, Zip Code <u>Cleveland TN 37364-0550</u> | | <u>—/—/—</u> | \$ |
| Name of Employer (Required) | | <u>—/—/—</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>250.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | <u>—/—/—</u> | \$ |
| Mailing Address | | <u>—/—/—</u> | \$ |
| City, State, Zip Code | | <u>—/—/—</u> | \$ |
| Name of Employer (Required) | | <u>—/—/—</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |

Name of Candidate or Committee Jessica Upshaw Campaign Committee
 Reporting period Jan 1, 2008 through Dec 31, 2008

ITEMIZED DISBURSEMENTS

| | | |
|--|---|--|
| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Roger Wicker</u> | <u>6/02/08</u> | \$ <u>1000.00</u> |
| Mailing Address | | |
| City, State, Zip Code | <u>1/1/</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>1000.00</u> |
| <u>Campaign contribution</u> | | |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>MS Consumer Finance Assn</u> | <u>7/17/08</u> | \$ <u>823.79</u> |
| Mailing Address | | |
| <u>3 Lakeland Circle</u> | <u>1/1/</u> | \$ |
| City, State, Zip Code | | |
| <u>Jackson MS 39216</u> | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>823.79</u> |
| <u>Lodging @ Hilton Sandestin Beach Resort</u> | | |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u>1/1/</u> | \$ |
| Mailing Address | | |
| City, State, Zip Code | <u>1/1/</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u>1/1/</u> | \$ |
| Mailing Address | | |
| City, State, Zip Code | <u>1/1/</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u>1/1/</u> | \$ |
| Mailing Address | | |
| City, State, Zip Code | <u>1/1/</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u>1/1/</u> | \$ |
| Mailing Address | | |
| City, State, Zip Code | <u>1/1/</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |